| | Connecticut Departmen | nt of Public H | lealth | Dı | rinkin | g V | Vater | Se | ction | | | |
|----------------------|---|----------------|----------------------------------|------|------------|-------|------------|------|-----------------------|----------------------------|--|--|
| | Water Quality M | onitoring an | d Con | npl | iance | Sc | hedul | e | | | | |
| PWS ID | PWS Name | | | Clas | sification | Ро | pulation | Owr | ner Type Pr | imary Source | | |
| CT1400112 | METALLON INC | | | | NTNC | | 49 | | Р | GW | | |
| Local Address | (where applicable) | Service | Residen | tial | Commerc | cial | Industria | al | Combined | Agricultural | | |
| 1415 WATERB | URY ROAD | Connections | 1 | | | | | | | | | |
| Towns Served: | THOMASTON | | | | | | | | | | | |
| | M | onitoring Requ | ireme | nts | | | | | | | | |
| Water Systen | n Facility: DISTRIBUTION SYSTEM (| WSF ID: 00600) | | | | | | | | | | |
| Asbestos (10 | 094) | | | | | | 1 ro | utin | e (RT) per | nine years | | |
| Sampling | Point (Sampling Point ID) | | Monitoring Period Collection Per | | | | | | iod Compliance Status | | | |
| Select fro | m Inventory of Active Sampling Points | | 1/1/11 - | 12/3 | 1/19 | | | | Coi | mplete | | |
| | | | 1/1/20 - | 12/3 | 1/28 | | | | <u> </u> | | | |
| Total Colifor | m (3100) | | | | | | 1 | rou | tine (RT) բ | er quarter | | |
| Sampling | Point (Sampling Point ID) | | Monitori | ng P | eriod (| Colle | ection Per | iod | Compli | Compliance Status | | |
| Select fro | Select from Inventory of Active Sampling Points | | | | 0/19 | | | | Complete | | | |
| | | | | | 31/19 | | | | | Complete | | |
| | | | 1/1/20 - | | | | | | Coi | mplete | | |
| | | | 4/1/20 - | | • | | | | | | | |
| | | | 7/1/20 - | 9/30 | 0/20 | | | | | | | |
| | pper (PBCU) | | | | | | | | | hree years | | |
| | Point (Sampling Point ID) | | Monitori | | | | ection Per | riod | | ance Status | | |
| Select fro | m Inventory of Active Sampling Points | | 1/1/17 - | | | | 5/1-9/30 | | Coi | mplete | | |
| | | | 1/1/20 - | | | | 5/1-9/30 | | | | | |
| | | | 1/1/23 - | 12/3 | 1/25 | (| 5/1-9/30 | | | | | |
| - | ameters (PPS) | | | | | - " | | | | er quarter | | |
| | Point (Sampling Point ID) | | Monitori | | | Colle | ection Per | lod | | ance Status | | |
| Select fro | Select from Inventory of Active Sampling Points | | | | 0/19 | | | | | mplete | | |
| | | | | | 31/19 | | | | | mplete | | |
| | | | | | 1/20 | | | | Col | mplete | | |
| | | | | | 0/20 | | | | | | | |
| Mator Custon | a Facility CALTRY DOINT (WEF ID. O | 0700) | 7/1/20 - | 9/3 | 3/20 | | | | | | | |
| • | n Facility: ENTRY POINT (WSF ID: 0 | 0700) | | | | | 4 | •••• | (DT) | • | | |
| _ | emicals (IOCS) | | B. Carrier and | | antad (| C-11- | | | | hree years | | |
| | Point (Sampling Point ID) | | Monitori | | | COIIE | ection Per | เบส | Complic | ance Status | | |
| ENTRY PC | лічт (5) | | 1/1/18 - 1/1/21 - | | | | | | | | | |
| Nitrata And | Nitrita (NOV) | | 1/1/21- | 12/3 | 1/43 | | | 1. | routing (D | T) nor waar | | |
| | Nitrite (NOX) Point (Sampling Point ID) | | Monitori | na P | eriod | Colle | ection Per | | - | T) per year ance Status | | |
| ENTRY PC | | | 1/1/19 - | | | Cone | .c.ion Fel | 10u | | mplete | | |
| LIVINI | (3) | | 1/1/20 - | | | | | | | mplete | | |
| | | | 1/1/21 - | | | | | | | p.c.c | | |
| Pesticides, H | lerbicides and PCBs - Phase II & V (S | OCS) | , -, | _, _ | , - | | 1 rou | tine | (RT) per t | hree years | | |
| _ | Point (Sampling Point ID) | · | Monitori | ng P | eriod | Colle | ection Per | | | ance Status | | |
| ENTRY PC | | | 1/1/17 - | | | | | | | mplete | | |
| | • • | | 1/1/20 - | | | | | | | • | | |
| | | | 1/1/23 - | | | | | | | | | |
| Organic Che | micals (VOCS) | | | | | | 1 rou | tine | (RT) per t | hree years | | |
| _ | Point (Sampling Point ID) | | Monitori | ng P | eriod | Colle | ection Per | | | ance Status | | |
| | | | | | | | | | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 3/10/2020 Page 1

| | Connecticut Depa | artment of | f Public | Health I | Drink | ing W | ater Se | ction | | | | | |
|--------------------------------|----------------------------|-----------------------|--------------------------------|---------------|--------------------|------------------|-------------|------------|-------------------|--|--|--|--|
| | Water Qua | lity Monit | oring a | nd Comp | oliano | ce Sch | edule | | | | | | |
| PWS ID | PWS Name | | | С | lassificat | ion Popu | ulation Owr | ner Type [| Primary Source | | | | |
| CT1400112 | METALLON INC | | | | NTNC | 4 | 49 | Р | GW | | | | |
| Local Address (v | vhere applicable) | | Service | Residentia | l Comm | nercial li | ndustrial | Combined | d Agricultural | | | | |
| 1415 WATERBU | RY ROAD | Connectio | ns 1 | | | | | | | | | | |
| Towns Served: 1 | THOMASTON | | | | | | | | | | | | |
| | | Monito | oring Re | quirement | ts | | | | | | | | |
| Water System | Facility: ENTRY POINT (V | VSF ID: 00700) | | | | | | | | | | | |
| Organic Chem | nicals (VOCS) | | 1 routine (RT) per three years | | | | | | | | | | |
| Sampling I | Point (Sampling Point ID) | | | liance Status | | | | | | | | | |
| ENTRY POI | NT (3) | | | C | omplete | | | | | | | | |
| | | | 1/1/20 - 12/31/22 | | | | | | | | | | |
| | | | | 1/1/23 - 12 | /31/25 | | | | | | | | |
| | | Other C | omplian | ce Schedu | les | | | | | | | | |
| Compliance Sch | | | | | e Date | | Achieved | Date | | | | | |
| DISTRIBUTION S | SYSTEM MATERIALS EVALUATI | ON | | | 1/2019 | | | | | | | | |
| CROSS CONNEC | TION EXEMPTION | | | 3/: | 1/2022 | | | | | | | | |
| | Water S | ystem Facili | ity and S | ampling P | oint lı | nvento | ry | | | | | | |
| Water | | | | | | Total | Lead and | | | | | | |
| System Water Facility ID | er System Facility | Sampling Point ID | Sampling I Description | | | Coliform Rule | | Achestos | Stage WQP 2 DBPR | | | | |
| _ | RIBUTION SYSTEM | 4 | | ION SYSTEM | <u>Status</u> A | Y | Nuic Her | ASDESTOS | WQF Z DDFR | | | | |
| 00000 DIST | NIBUTION STSTEM | DOWNSTREAM | | | A | ī | | | | | | | |
| | | FMBR | | SINK FACTORY | A | Υ | 2 | | | | | | |
| | | FS | FACTORY S | | A | Y | 2 | | | | | | |
| | FS FWBR OMBR | | WPM BR SINK FACTORY | | | Y | 2 | | | | | | |
| | | | | | | Y | 2 | | | | | | |
| | | OWBR | | INK OFFICE | A A | Y | 2 | | | | | | |
| | | UPSTREAM | | SERVICE CON | A | ' | 2 | | | | | | |
| 00700 ENTF | RY POINT | 3 | ENTRY POI | | A | | | | | | | | |
| 10620 WELI | | 2 | WELL | INI | A | | | | | | | | |
| 10020 WEE | _ | | | | | | | | | | | | |
| | | | - | r Informa | tion | | | | | | | | |
| • | Facility: DISTRIBUTION S | <u> </u> | D: 00600) | | | | | | | | | | |
| - | cation: SMALL WATER SYSTEM | 1 Operator Typ | _ | C-wift is f | /_1 | | | | Certification | | | | |
| Operator Name | | | | | | | Expiration | | | | | | |
| GRELA, GEORGE | <u> </u> | CHIEF OPERATO | | WATER TREAT | TMENT P | PLANT OPE | ERATOR - CL | _ASS I | 9/30/2020 | | | | |
| | | | | rmation | | | | | | | | | |
| Name | | | rganization letallon Inc | | | 0.1 | , nor | Job Title | | | | | |
| Mr. Paul Ayoub | | | | | | | ner | Ctata | 7in Codo | | | | |
| Mailing Address 1415 Waterbury | | Mailing Address | s Line TWO | | Th | omaston | ity | State | Zip Code 06787 | | | | |
| Business Phor | • | Mobi | ile Phone | Emergency P | | | | | | | | | |
| 860-283-826 | | | <u> </u> | J/ - | | ul@meta | | | | | | | |
| Contact Role(s): | | 1 | | l | * | | | | | | | | |
| , | 1 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 3/10/2020 Page 2

| | Connectic | ut Depa | rtme | nt or | Public | неап | ת ח | rınkınş | g water | sect | ion | | |
|---------------------------------------|-----------------------|--------------|--------|---------|---------------|-----------|-----------|-------------|---------------------|---------|---------------------|--------------|--|
| | Wa | ter Qua | lity M | onit | oring a | nd Co | mp] | liance | Schedu | le | | | |
| PWS ID | PWS Name | | | | | | Cla | ssification | Population | Owner | wner Type Primary S | | |
| CT1400112 | METALLON INC | | | | | | | NTNC | 49 | Р | | GW | |
| Local Address (where applicable) | | | | | Service | e Residen | | Commerc | ial Industr | ial Cor | nbined | Agricultural | |
| 1415 WATERBURY ROAD | | | | | Connection | ns 1 | 1 | | | | | | |
| Towns Served: T | HOMASTON | | | | | · | | | · | · | | | |
| Name | | | | | ganization | | Job Title | | | | | | |
| Mr. Brett Bermani | | | | | Metallon Inc. | | | | Qems Management Rep | | | | |
| Mailing Address Line One Mailing Addr | | | | Address | ess Line Two | | | | City | | tate | Zip Code | |
| 1415 Waterbury Road | | | | | | | | Thoma | Thomaston C | | | 06787 | |
| Business Phone | e Extension | Fax | | Mobil | le Phone | Emergen | cy Pho | one Email | Email Address | | | | |
| 860-283-8265 | | 860-283-9623 | | | | | | brett@ | brett@mettallon.com | | | | |
| Contact Role(s) | Administrative | Contact | · | | | | | | | | | | |

Connecticut Department of Dublic Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 3/10/2020